I-SMART Data Reporting for Treatment Agencies

A brief outline of the I-SMART data entry process for a client who received a Placement Screening (Assessment) and Admission in the same episode is below.

Client Profile

Intake

Crisis and Placement Screening

Program Enrollment

Encounter Note

Unenroll from Assessment Program

Admission

Program Enrollment

Encounter Note: continue adding on until level of care or Tx is completed

If changing levels of care: Unenroll from Tx Program then enroll in next Program

If Discharging the client: Unenroll from Program

Discharge

The above constitutes a complete Case or Episode of Care.

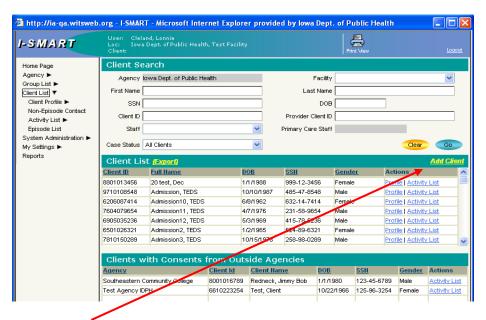
In order to complete the state-required fields in I-SMART, complete the required fields (Dark and Soft Yellow only) in each of the following modules and screens.

To view a Webinar recording of the following presentation, please click the link below. The webinar is a .wmv file and lasts about one hour and five minutes. It includes all of the information in the instructions below. If you have Microsoft Media Player on your computer, it should open and begin simply by clicking the link.

I-SMART Data Entry Webinar 3.30.11.wmv

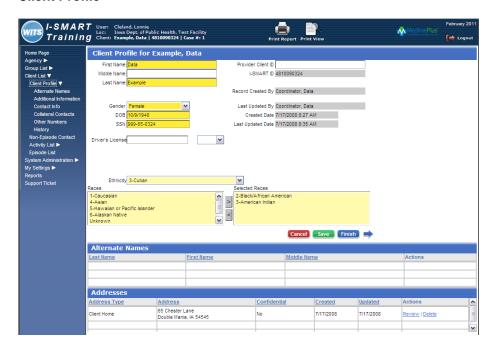
Placement Screening/OWI Assessment

Client List: If client already exists in database as a Closed Case, choose client's <u>Activity</u>
 <u>List</u> hyperlink under <u>Actions</u> and <u>Start New Episode</u>. Or, if client does not already exist in the database, <u>Add Client</u>.

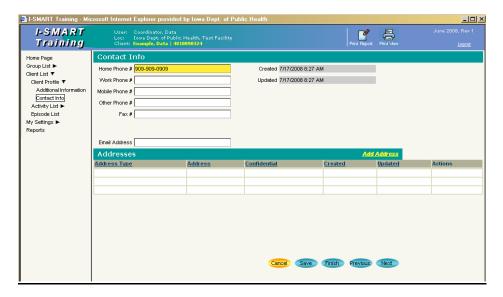


✓ Add Client will take you to the Client Profile screen.

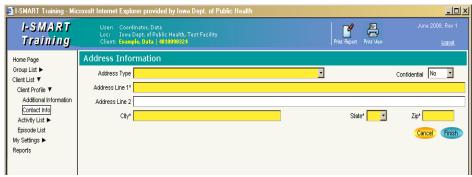
• Client Profile



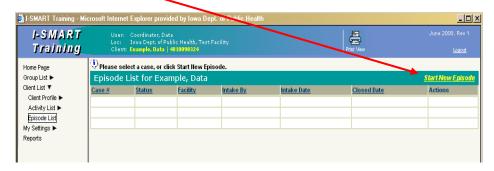
- ✓ **Social Security #:** I-SMART currently accepts either the last 4 digits of any client's social security number or the client's complete number. If the client has no SS# or if it is unknown, the user can create a number by using the format 999-00-0001, 999-00-0002, etc., where the first three numbers are always 999. The agency will have to keep track of SS#'s it creates.
 - Next will take you to the Contact Info screen.
- Contact Info
 - ✓ Home Phone #: If no phone, enter 000000000 (10 zero's).



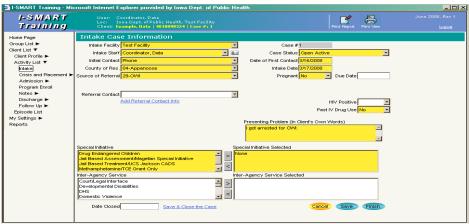
✓ Add Address will open the Address Information page. (See next page)



- Complete the Address Information screen and click Finish.
 - Finish will take you back to the Contact Info screen.
 - Finish on the Contact Info screen will take you to the Client List screen.
- <u>Activity List</u>: In the left, choose <u>Activity List</u> link. This will open the client's <u>Episode</u>
 List screen. If it does not, navigate to the Episode List screen using the left menu. Click
 <u>Start New Episode</u>.

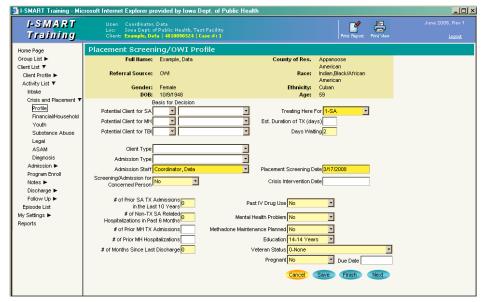


- Start New Episode will open the Intake Case Information screen.
 - ✓ Initial Contact: How did the client first contact the agency? Usually the response is by phone.
 - ✓ Date of First Contact will be the date of that phone call.
 - ✓ Special Initiatives are projects funded by either Magellan or IDPH. Most users should enter None in this box.
 - ✓ Complete the screen and Click Finish.



- Finish will take you to the Client's **Activity List** screen. The **Activity List** screen shows the user what data elements s/he has completed in the client file.
- Placement Screening: At the left hand menu choose Crisis and Placement.
 - Choose <u>Add New Placement Screening</u>. This will open the Placement Screening Profile screen.

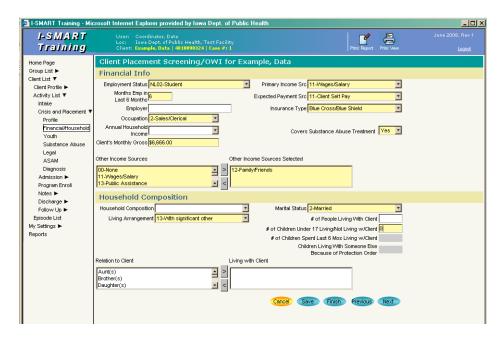




✓ Days Waiting: Difference between the Date of First Contact on the Intake screen and the Placement Screening Date.

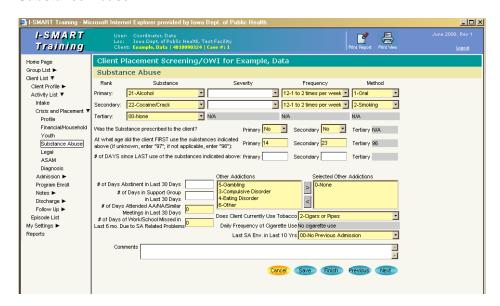
- ✓ Placement Screening Date: Date the Assessment was completed.
- ✓ Screening/Admission for Concerned Person response is almost always No. Choose Yes only if you are screening a friend/family member of a substance abuse client.
 - Next will take you to the Financial/Household screen.

• Financial/Household

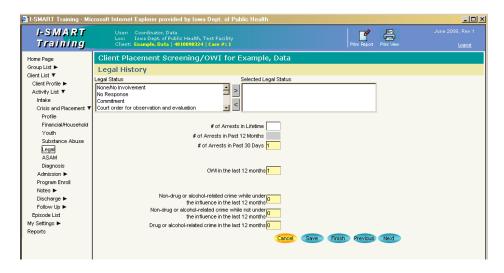


Next takes the user to the Substance Abuse screen.

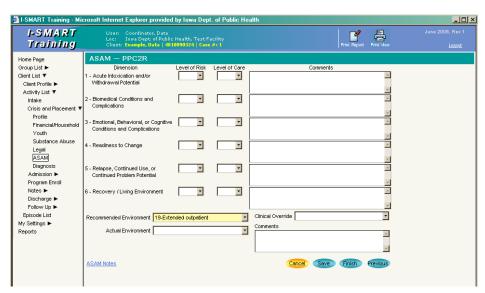
Substance Abuse



- ✓ Note that the maximum number entered in the "# of Days Attended AA/NA/Similar Meeting in Last 30 Days" is 30.
 - Next will take the user to the Legal History screen.
- Legal History



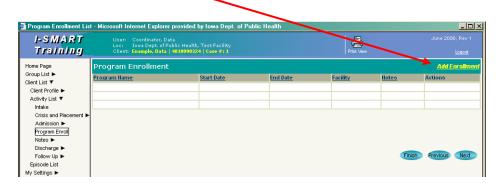
- Next takes the user to the ASAM screen.
- ASAM: When doing a Placement Screening/OWI only the Recommended Environment is required.



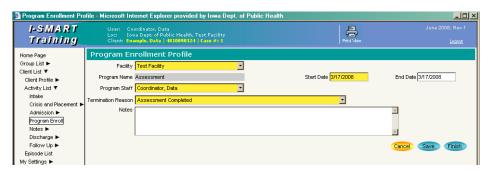
Finish will take the user to the client's Activity List screen showing the current Placement Screening.



- Program Enrollment: User must enroll the client in a program to record the services delivered. Program Enroll in the left-hand menu will open the Program Enrollment list screen.
 - ✓ Choose <u>Add Enrollment</u> to open the Program Enrollment screen.

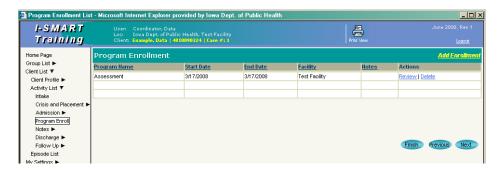


✓ Add Enrollment: This will open the enrollment screen for editing.

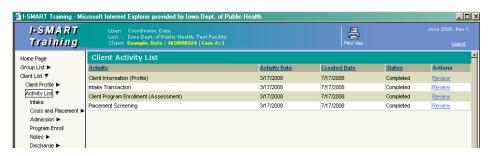


- ✓ Program Name: Choose Assessment program.
- ✓ Program Staff: The name chosen is up to the user.
- ✓ Start Date: Note the Start Date of the program enrollment will default to today's date. User must change it to the date of the assessment.
- ✓ **End Date:** The date the client was last seen during the assessment. Usually the same as Start Date.
- ✓ Reason for Termination: Assessment Completed.

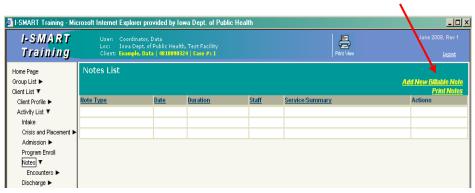
Finish will close the screen and place the Program Name and other info on the Program Enrollment List as shown below.



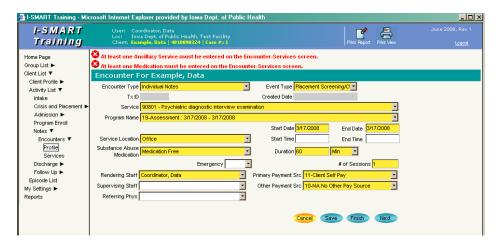
Finish: This will take the user to the Activity List screen.



• Notes: From the left menu, choose Notes; then choose Add New Billable Note.



• Encounter Profile



✓ Encounter Type: Individual Note

✓ Event Type: Placement Screening/OWI

√ Service: 90801

✓ Program Name: Assessment

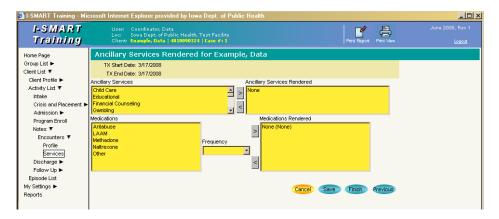
- ✓ Service Location: Defaults to location specified when the facility is set up. Most users prefer this to default to Office. Contact IDPH for this option.
- ✓ **Substance Abuse Medication**: usually **Medication Free** unless client is taking Methadone, Antabuse or some other drug prescribed to help inhibit drug use.
- ✓ Start Date and End Date are usually the same date.
- ✓ Duration: enter length of session in minutes
- √ # of Sessions: usually 1
- ✓ Primary Payment Src: populated by the choice from Admission module.
- ✓ **Other Payment Src**: are any other sources providing payment for service?



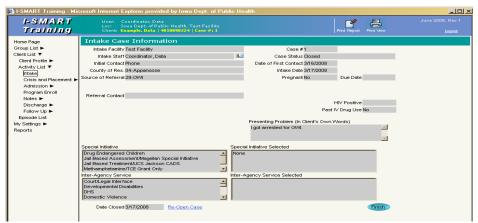
The above alerts will appear if the user clicks Save. They are simply reminders to do the Ancillary Services screen next.

Next will take the user to the Ancillary Services screen showing the current Placement Screening.

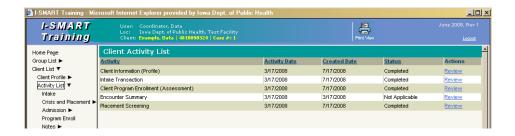
Ancillary Services



- ✓ Ancillary Services: These are services the client receives while in treatment. They may be provided by either the treatment provider or an outside agency.
- ✓ Medications/Frequency: These relate to the Substance Abuse Medication field on the Encounter screen. Choose the appropriate medication listed. Remember, this is a listing of only those medications a client might use to inhibit his/her substance use. Do not list anti-depressants, anti-anxiety agents or other psychotropic medications a client might receive.
 - ❖ Finish will return the user to the Encounter List screen.
- Intake: Using the left menu navigate to the Intake screen.



- ✓ If the client is being seen for only an assessment and will <u>not</u> be admitted to treatment, enter the end date of the **Placement Screening** in the **Date Closed** field and then choose the **Save & Close the Case** link. **Save & Close the Case** will change the screen to gray as above. This action closes the client file for editing and enables the user to identify the Placement Screening as a separate case number.
- ❖ Finish will return the user to the Activity List. Note that the user can now tell whether s/he has completed all required elements by looking at the Activity List. A completed Placement Screening (Assessment) data entry for any client should look like the list below with five activities completed.



• If the client is going to be admitted to treatment at your agency within 30 days of the Assessment, the user can leave the case open. When the user is ready to admit the client, simply go to the client file Activity List and click on the Admission Module in the left menu.

Admission to Treatment

Data entry processes for Admission are virtually the same as for Placement Screening/OWI.

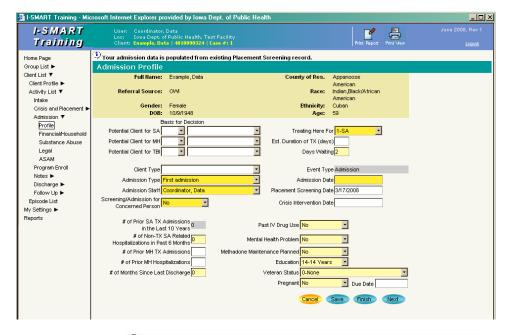
In lowa, most agencies will create a new assessment for any client that has not been assessed in the prior 30 days. If the client has been assessed in the 30 days prior to admission, the user can

- 1. choose to reopen the client's Placement Screening case (Data Example's Case #1) and continue on in that case with the Admission, Encounters and Discharge, or,
- 2. keep the Placement Screening case closed and start a new episode of care to document the Admission as a separate case (Case #2).

Either is permissible.

The following example assumes the client Data Example is being Assessed and Admitted to treatment on successive days.

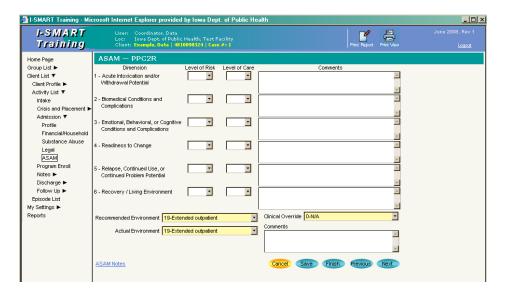
- Client List: Since the client already exists in the database as an open case, the user can
 find the client at the Client Search screen and click Activity List. Then choose
 Admission in the left menu. Now the user can enter the client's data into the Admission
 module.
- Admission
 - ✓ Profile: Enter the Event Type as Admission.



Note the alert that Your admission data is populated from existing Placement Screening record.

This means that the data from the Placement Screening is being used to populate the Admission module data. The user does not have to enter any more demographic data into the Admission module unless something has changed in the client's life between Assessment and Admission.

- Days Waiting: Note that the Days Waiting field shows 2. The Days Waiting field is being populated from Placement Screening, but since the Admission is the day after Assessment, the user must change this to 1 day.
- ✓ The ASAM screen is the next screen requiring the user's attention. Click on ASAM on the left menu.
 - ASAM: When doing an Admission, the Recommended Environment and Actual Environment may differ. If they do, Clinical Override should reflect the reason for the difference. If they are identical, then Clinical Override should show 0-N/A.



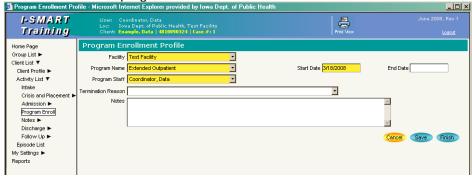
❖ Next

• **Program Enrollment:** Since the client is continuing on in Case #1, the Program Enrollment List screen reflects one ended program enrollment. The client must now be enrolled in the next program.

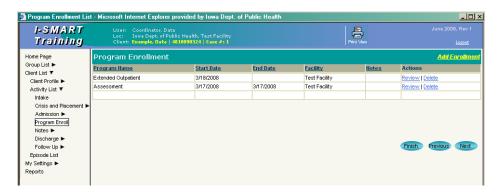
❖ Add Enrollment



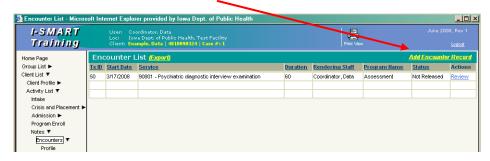
- Enroll client in the appropriate program
 - If the client is changing levels of care (e.g. going from IOP to EOP) then she/he should be unenrolled from the first program and then enrolled in the new program.
 - 2. **Start Date** defaults to today's date. Make sure to change it to the correct date of program enrollment.



Finish takes the user to the Program Enrollment screen listing both program enrollments.



- Next takes the user to the Encounter List screen.
- Add Encounter Record

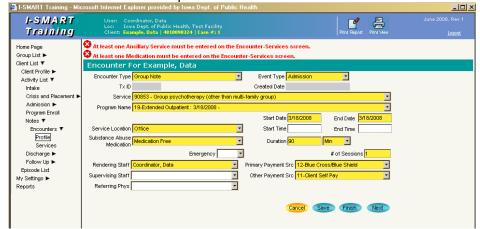


 Notes: Complete an Encounter Note for all services rendered throughout the course of treatment.

✓ Encounter Profile

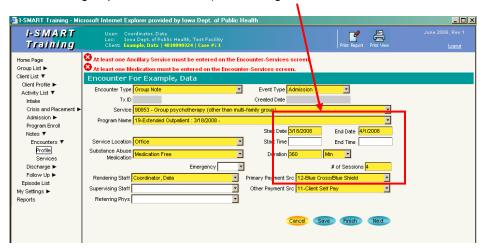
The user can complete Encounters in one of two ways.

- 1. One Encounter for each individual service rendered. Every time a client is seen for a direct service, a new Encounter is entered.
 - If a client is seen for 4 individual sessions and 4 group sessions, the user would enter 8 separate Encounter records.



2. One Encounter for all services of a certain Encounter Type.

- If a client is seen for 4 individual sessions and 4 group sessions, the user would enter 1 Encounter for the 4 individual sessions and 1 Encounter for the 4 group sessions.
- ❖ In the example below, the user has recorded 4 group sessions between 3/18/and 4/1/08 totaling 360 minutes. Next time the user wants to record another session, s/he can simply Review this Note. Then change the End Date to the date of the most recent session and add the number of minutes to the Duration total shown. # of Sessions would be increased by 1. In this example, if the client were seen in another group session on 4/4/08, the user would change the End Date to 4/4/08; then change the Duration to 450 (if the group was 90 minutes) and change the # of sessions to 5.



- **Event Type** is **Admission** since the client has been admitted to treatment.
- Encounter Type: Individual, Group, Family or 24-hour Service.
- Service: Choose the appropriate CPT code. The following are only suggestions as these seem to be the most frequently used codes.

Individual Therapy: 90804 or 90806

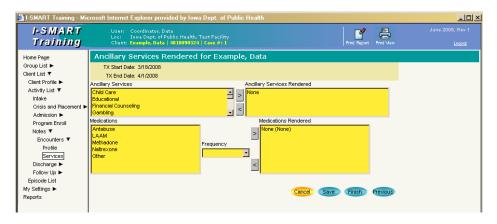
Group Therapy: 90853

- ❖ Program Name: This will list all programs in which the client is or has been enrolled. The current program will be listed with a start date, but no end date (e.g. Extended Outpatient 3/18/2008-).
 - If you are recording Encounters in a new level of care, make sure the client has been unenrolled from the old program and enrolled in the new one.
- Substance Abuse Medication: usually Medication Free unless client is taking Methadone, Antabuse or some other drug prescribed to help inhibit drug/alcohol use.
- For Individual, Group and Family Note documentation: The user may either enter a new Encounter each time the client attends a treatment session or enter a range of dates, accumulated minutes or days (use Days for 24-hour Service only) and an accumulated number of sessions.
- Note: IDPH recommends entering data at least monthly. That means each month you will create a new Encounter for Individual therapy, a new Encounter for group therapy, and so on.

Some agencies that enter data at the end of each month and do not care to track individual sessions choose to

- 1. simply change the Encounter End Date to the end of the month,
- 2. add on that month's accumulated minutes or days to last months total, and then

- 3. and add the accumulated number of sessions to the existing total.
- ❖ For 24-hour Services: The Encounter date range should reflect the clients complete stay in the 24-hour service. This must be entered in days.
- ✓ **Ancillary Services**: must be completed each time a new encounter is entered. The user need <u>not</u> complete a new one if she/he is simply updating the **Encounter** with new monthly **End Date**, **Duration** and **# of Sessions** information.

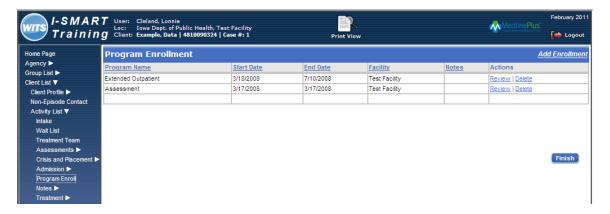


- ❖ Ancillary Services: Enter any service the client is receiving while in treatment whether or not your agency is providing the service.
- ❖ Medications/Frequency: If entering None, remember that you must also enter None for Frequency.
- The case remains open until the client is ready to be discharged from treatment.

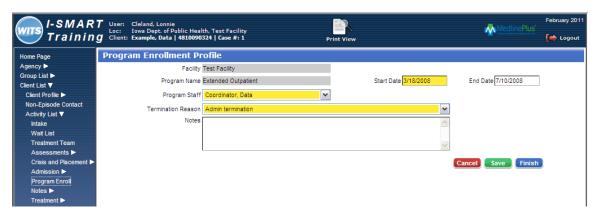
Discharge from Treatment

A Discharge must be completed on all clients that have been admitted to a treatment program.

- Program Enrollment: The client must be unenrolled from all programs before you can Discharge her.
 - ✓ Unenroll Client from the program
 - ❖ Click on the program's **Review** hyperlink on **Program Enrollment** List.

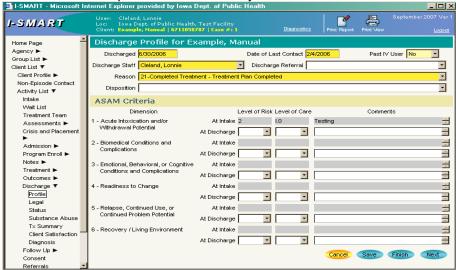


Enter a date in the Program Enrollment Profile's End Date field.



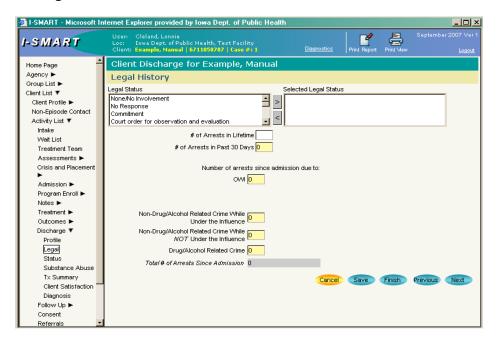
- Termination Reason: Choose appropriate reason.
- On the left menu click the Discharge Module.

✓ Profile: Fields required in the following screens is dependent upon the Reason for Termination. Complete all dark and soft yellow fields.



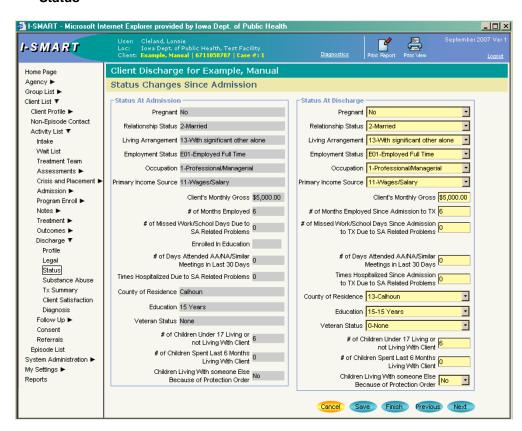
Click Next to move to the Legal screen.

✓ Legal

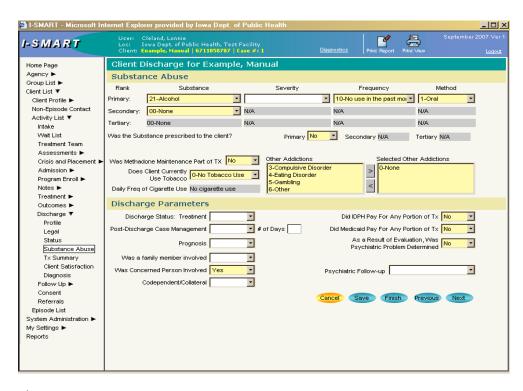


Next

✓ Status

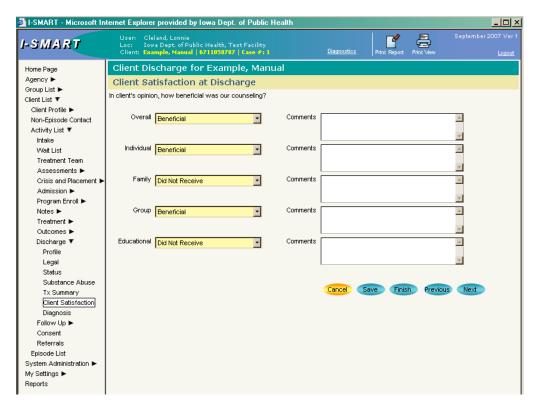


✓ Substance Abuse



✓ Next

✓ Client Satisfaction



Finish

When clicking the **Finish** button you will be asked if you want to **Close the Case**. Choose **Yes**. **Close the Case**: Closing the case means that you are graying all fields out so they cannot be edited. It also means that when/if the client returns you will **Start New Episode**.

If I-SMART does not ask you this question, then navigate to the **Intake** screen to **Save and Close the Case** as you would a Placement Screening/OWI.